

State of California

MEMORANDUM

TO: D-22
Department of Personnel Administration
Classification and Compensation Division
Fiscal Year 2006-2007 Excluded Employee
Leave Buy Back Funding

DATE: _____

FROM:

SUBJECT: Excluded Employee Leave Buy Back Fiscal Year 2006-2007

I hereby certify our department Excluded Employee Leave Buy Back Plan as described below.

Check applicable statement(s):

- ☐ 1. The department will participate in the leave buy back for this fiscal year. We will not require supplemental funding.
- ☐ 2. The department will not participate in the leave buy back for this fiscal year.
3. Complete the following (if applicable):
- Describe department changes to maximum amounts, if any.

Implementation date:

Projected department cost of buy back for this fiscal year 2006-2007
is \$ _____.

Signature of Agency Head/Representative

Name (Printed)

Title

Address

Phone Number

Date

cc: Tom Dithridge, Department of Finance